	Fill in this information to ident	ify the case:	FILED
	United States Bankruptcy Court for the:		20121
	Distric	ct of (State)	MAY 21 2021
Case number (# known): Chapter		Chapter	CLERK, U.S. BANKRUPTCY COURT NORTHERN DISTRICT OF TEXAS  Check if this is ar amended filing
_	= 2	tition Against a No	n-Individual 12/15
a c	ase against an individual, use	the Involuntary Petition Against an Individua	to be a debtor subject to an involuntary case. If you want to begin at (Official Form 105). Be as complete and accurate as possible. If f any additional pages, write debtor's name and case number (if
Pa	rt 1: Identify the Chapter	r of the Bankruptcy Code Under Which	Petition Is Filed
ı.	Chapter of the	Check one:	
	Bankruptcy Code	☐ Chapter 7	
		Chapter 11	
Pą	rt 2: Identify the Debtor		
2.	Debtor's name	New York inn	inc
i.	Other names you know the debtor has used in the last 8 years		
	Include any assumed names, trade names, or doing business as names.		
I.	Debtor's federal Employer Identification Number (EIN)	Unknown 93-125640 P	
5	Debtor's address	Principal place of business	Mailing address, if different
		1904 E P J ON EFR	PKWY Number Street
		Arlington Tx 7	P.O. Box
		City State ZIP Code	P Code City State ZIP Code
		Tarrant	Location of principal assets, if different from principal place of business
		County	Number Street
			City State ZIP Code

De	btor Name	k Im. Inc	Case number (# kn	own)			
6.	Debtor's website (URL)						
7.	Type of debtor	Partnership (excluding LLP)	d Liability Company (LLC) and Limited				
8.	Type of debtor's business	Check one:					
	Dusilless	☐ Health Care Business (as defi	nod in 11 II S C & 101/27A))				
		☐ Single Asset Real Estate (as d		0			
		Railroad (as defined in 11 U.S					
		,	= :::				
		☐ Stockbroker (as defined in 11 U.S.C. § 101(53A)) ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))					
		☐ Clearing Bank (as defined in 1					
		None of the types of business listed.					
		☐ Unknown type of business.					
		,					
9.	To the best of your	No					
-	knowledge, are any	- 110		Relationship			
	bankruptcy cases pending by or against			Case number, if known			
	any partner or affiliate of this debtor?	DISTRICT	Date filedMM / DD / YYYY	Case number, il known			
		Debtor		Relationship			
		District		Case number, if known			
			MM / DD / YYYY				
	Report About the						
10.	Vellae	Check one:					
		Over the last 180 days before the filing of this bankruptcy, the debtor had a domicile, principal place of business, or principal assets in this district longer than in any other district.					
		A bankruptcy case concerning	debtor's affiliates, general partner, or	r partnership is pending in this district.			
11	. Allegations	Each petitioner is eligible to file th	is petition under 11 U.S.C. § 303(b).				
•	Allogations		an involuntary case under 11 U.S.C.	§ 303(a).			
		At least one box must be checked	<i>t</i> :				
		☐ The debtor is generally not paying its debts as they become due, unless they are the subject of a bona fide dispute as to liability or amount.					
		agent appointed or authorized	ng of this petition, a custodian, other t I to take charge of less than substantia rcing a lien against such property, wa	ally all of the property of the			
12	. Has there been a	No					
	transfer of any claim against the debtor by or	☐ Yes. Attach all documents tha	t evidence the transfer and any staten	nents required under Bankruptcy			

pebtor Name	York Inn	inc	Case number (if known)		
3. Each petitioner's	claim Name of petition	ner	Nature of petitioner's clair	'n	Amount of the claim above the value of any lien
	APIr	terior	Intera do	oigh_	\$20000
	Prateel	serai	LOW		\$ (5,000.
	WaJat	fat AGKho	lw Loon		\$ 15,000.
			Total of petitioners	claims	\$ 240,000
additional petitionin statement under pe along with the sign:  Part 4: Request fo	ng creditor, the petitioner's cl nalty of perjury set out in Par ature of the petitioner's attor	laim, the petitioner's repr rt 4 of the form, followed ney.	nation required in Parts 3 and 4 esentative, and the petitioner's by each additional petitioner's	attorney. Inc (or representa	lude the ative's) signature,
	ptcy fraud is a serious crime. Inment for up to 20 years, or bot		connection with a bankruptcy cas , 1519, and 3571.	se can result in	i fines up to
Petitioners request that an order for relief be entered against the debtor under the chapter of 11 U.S.C. specified in this petition. If a petitioning creditor is a corporation, attach the corporate ownership statement required by Bankruptcy Rule 1010(b). If any petitioner is a foreign representative appointed in a foreign proceeding, attach a certified copy of the order of the court granting recognition.					n. If a tioner is a
I have examined the	information in this document ar	nd have a reasonable belie	f that the information is true and c	orrect.	
Petitioners or Petiti	oners' Representative	4	Attorneys		
Name and mailing a	address of petitioner				
AP In	terior		Printed name		
Name	31 (L	·	Times hams		
Number Street	mta JT	To a	irm name, if any		
City	State	ZIP Code	Number Street		
Name and mailing a	address of petitioner's repres	entative, if any	Dity	State	ZIP Code
Name			Contact phone	Email	
		E	Bar number		
Number Street			State		
City	State	ZIP Code			
I declare under pena	Ity of perjury that the foregoing	is true and correct.			
Executed on 05 /2	1/2021	×			
× A	<i>,</i> , , , , , , , , , , , , , , , , , ,	\$	Signature of attorney		
Signat of petitioner of	or representative, including represen	ntative's title	Date signed		

## 

Debtor	Neu Yorkinh. Inc	Case number (if known)		
Name	and mailing address of petitioner			
Name	ratel Dosai	Printed name		
20	19 Ruder 17	Fig. 1		
Numbe	er Street	Firm name, if any		
City	Julia State ZIP Code	Number Street		
Nama	and mailing address of petitioner's representative, if any	City	State	ZIP Code
Name	and maining address of pendoner's representative, it any	Contact phone	Email	
Name		Bar number		
Numbe	or Street			
City	State ZIP Code	State	=:	
	are under penalty of perjury that the foregoing is true and correct.			
Execut	12 /21/221	×		
LXCCUI	MM / DD / YYYY	Signature of attorney		
<b>x</b>	*	Date signed	_	
Signat	ure of petitioner or representative, including representative's title	MM / DD / YYYY		
Name Name	and mailing address of petitioner	Printed name		
Numbe	> Kellozz St	Firm name, if any		
	owth the 27012.	N. J. Ottail		
City	State ZIP Code	Number Street		
Name	and mailing address of petitioner's representative, if any	City	State	ZIP Code
-		Contact phone	Email	
Name		Bar number		
Numbe	er Street	State		
City	State ZIP Code		<del>-</del>	
I decl	are under penalty of perjury that the foregoing is true and correct.			
Execut	ed on 2/757	×		
	MM / DD ! YYYY	Signature of attorney		
Signer	ure of peritoner or representative, including representative's title	Date signed MM / DD / YYYY	_	